

# MONTANA CHEMICAL DEPENDENCY CENTER

## POLICY AND PROCEDURE MANUAL

<b>Policy Subject: Insomnia Protocol</b>	
<b>Policy Number: MNP 20</b>	<b>Standards/Statutes: ARM 27.27.130</b>
<b>Effective Date: 2/19/02</b>	<b>Page 1 of 2</b>

### **PURPOSE:**

To provide a patient that complains of insomnia with appropriate patient care, including education and possible medication management.

### **POLICY:**

If a patient complains of insomnia, a patient will receive appropriate patient care, including education and possible medication management.

### **PROCEDURE:**

I. If a patient complains of insomnia, the nurse will assess the patient; obtain a history of the patient's recent sleep pattern and recent chemical use. At this point, all the patient may need is reassurance, be offered a relaxation tape, and/or some sleep hygiene education. Depending on the assessment, the nurse may request that the night shift nursing staff monitor the patient's sleep pattern for three nights. If this request is initiated, the night shift nursing staff will document their findings on a medical request form.

II. After the three night monitoring is complete, the day shift nurse will review the documentation with the physician. This interaction will be documented in the progress notes. If it is evident that the patient is indeed having difficulty with insomnia that is interfering with the patient's treatment, the nurse will:

A. Provide complete sleep hygiene education.

B. Arrange a time for the patient to be seen by the physician.

III. The physician will assess the patient's need for medication management for insomnia. Because of the patient's chemical dependency diagnosis, medication management for sleep will be carefully scrutinized before it is considered and in some circumstances, it will be ordered for a limited period of 2 weeks. If the physician decides to order a medication, the type of medication ordered will depend on the patient's

medical history and physical examination completed by the physician. The medications which may be considered for sleep management include but are not limited to:

- A. Benadryl 25mg q HS prn x 14 days. If before 1 a.m., may be repeated in 1 hour.
- B. Trazadone 50mg q HS prn x 14 days. If before 1 a.m., may be repeated in 1 hour.
- C. Seroquel 25mg q HS prn x 14 days. If before 1 a.m., may be repeated in 1 hour.

IV. The treatment team (physician, nurse, and/or mental health therapist) will educate the patient on the disadvantages of long-term use of medication for sleep, i.e. increase tolerance, potential addiction and will assist the patient in developing non-drug strategies for relieving sleep disturbance problems. And, as necessary, the physician may make a recommendation for evaluation at a sleep clinic following discharge.

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Revisions:

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